

Nutrition Fact Sheet

An Information Update for WIC staff

■ WEANING FROM THE BOTTLE — HOW TO HANDLE BOTH THE TYPICAL AND THE SLOW-TO-WEAN CHILD

Weaning from the bottle starts when solid foods are given to the baby and ends when the baby gives up the bottle. Getting off a bottle around 1 year of age is recommended for the prevention of baby-bottle tooth decay and ear infections. Children will show several months variation in the age they finish weaning, and in some children it may be delayed. In some instances, a healthy child will have an increased need to suck that may delay weaning. Other children have health problems or developmental delay that slow the weaning process.

THE WEANING PROCESS

Starting healthy habits early can make weaning easier. Encourage new mothers to avoid the habit of putting their babies to bed with a bottle. This habit can be very difficult to break and can lead to tooth decay. Also, encourage mothers to put only breastmilk, formula or water into the bottle. Keeping sweet liquids such as juices out of the bottle will protect the child's teeth.

Tell mothers about the developmental milestones that precede cup drinking. Infants who can sit up by themselves, eat from a spoon and are about 6 months of age can start a cup. Infants will be able to take sips from a cup held by an adult for the first few months.

Mothers can begin to offer a cup at one feeding each day when the baby is around 9 months old. They can begin by giving a cup regularly at a feeding in which the child takes very little from the bottle. Or they may decide to give the cup at their child's least-favorite bottle feeding of the day. Since babies often prefer routines, mothers may find it easier to consistently use the cup at the same feeding.

Every few weeks, mothers can, give the cup ex-

clusively at another feeding. As the process of adding in the cup at meals and snack times continues, sometime between 11 months and 18 months, the child will only have the bottle once a day. The last step in the weaning process is to stop the final bottle feeding.

Developmental Stages in Drinking from a Cup

6 Months

- Infant drinks from a cup held by an adult
 - Often spills liquids when drinks
 - Lips may not close over cup

12 Months

- Tongue may protrude under the cup
- Holds the cup without help
- Some spills occur

18 Months

- May bite the edge of the cup
- Holds the cup by the handle(s)
- Fewer spills occur
- Upper lip closes on the edge of the cup making a better seal

24 Months

- Can hold a small glass with two hands
- Lips can close on the cup
- No liquid lost in drinking from the cup or when it is removed from the lips

THE BABY WHO WON'T STOP SUCKING

Some children continue to suck a bottle, thumb or pacifier and will not stop after 18 months of age. The children who need to suck may be responding to an internal cue. Sucking can be a way for children to promote their motor and intellectual development. It may also promote their learning, hand-eye coordination and ability to concentrate.

Sucking and other oral activities such as biting, chewing and licking are used by children to self-regulate their state — in other words, put themselves into a mode where they can accomplish a given activity. Examples of activities include sleeping, concentrating and running. The child's central nervous system must be "in gear" to perform the activity. For many children the use of an oral stimulation like sucking is necessary to put themselves in gear (or self-regulate state) for optimal performance of activities. These children will be very resistant to weaning.

Children who need sucking for self-regulation of state can continue preferably on a pacifier or bottles of plain water for the first few years. The best orthodontic choice for both pacifiers and bottles is the Nuk® nipple or a similar brand. Mothers may need to be reminded not to dip pacifiers in sweet liquids.

If the need to suck persists, older children can chew gum or eat a healthy snack. Thumb sucking should be discouraged after 4 years of age because it may lead to misalignment of the teeth.

There is one word of warning about pacifiers: There is some evidence that the continued use of pacifiers may be associated with ear infections. Repeated ear infections can lead to permanent hearing problems. Pacifier use is, however, only one of several factors which can lead to ear infections. Other factors are even more important. Especially important are participation in day care and secondhand smoke.

WEANING THE CHILD WHO WANTS THE BOTTLE

Children who are past 18 months and are still attached to the bottle may be very hard to wean.

The following technique has been used by some practitioners with success. It is not supported by research but may be helpful for some clients. Tell mothers about it in individual counseling after attempts at weaning have failed.

Counsel mothers to water down the liquids in the bottle while keeping the liquids in the cup at full strength. For this technique to work, it will take the cooperation of the entire family and all other care givers because it must be used consistently.

- Get everyone who feeds the baby involved.
 - Once started, never give the child full-strength liquid from the bottle.
 - Do not let the child see anyone diluting the liquids with water.
 - After offering both the cup and the bottle, have the mother ask the child which one he wants.
 - Each day add a little more water to the liquid in the bottle.
 - Most children will dislike the taste of half water and half regular liquid. Have the mother offer the child both the cup and the bottle. Most children will take the cup. The mother can then switch her child to the cup with full-strength liquid. This may complete the weaning process for many children.
 - Children who insist on sucking can have a bottle of plain water or a pacifier.

CHILDREN WITH SPECIAL HEALTH-CARE NEEDS

The need to suck past 1 year of age is not by itself a marker for health or developmental problems. Many children who need to continue sucking are normal in both health and development. However, children who have congenital problems or

developmental delays may have an extended need to suck.

The children who cannot wean from the bottle due to an inability to drink from the cup or eat solid foods require further referral. When children show significant delays in eating skills, staff should refer them to their physicians and the local Early Childhood Intervention Program (ECI) for evaluation. To find either physicians or the ECI program in any county in Texas, call 1-800-422-2956 for referral information.

References

Morris, Suzanne E. and Marsha D. Klein. "Prefeeding Skills: A Comprehensive Resource for Feeding Development," *Therapy Skill Builders*, 1987, Tucson, AZ.

Niemela, Marjo, Matti Uhari and Merja Mottonen. "A Pacifier Increases the Risk of Recurrent Acute Otitis Media in Children in Day Care Centers," *Pediatrics*, 1995; 96: 884-888.

Oetter, Patricia, Eileen W. Richter and Sheila M. Frick. "M.O.R.E.: Integrating the Mouth with Sensory and Postural Functions," *PDP Press*.

Stender, Monica. "No-Fail Weaning Method: Prevent Baby-Bottle Tooth Decay." Unpublished.

Uhari, Matti, Dettu Mantysaare and Marjo Niemela. "A Meta-Analytic Review of the Risk Factors for Acute Otitis Media," *Clinical Infectious Diseases*, 1996; 22: 1079-1083.